

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-022088

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED JUN 318

Primary Registration District No.

1003

Registrar's No.

5699

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ST. LOUIS, MO.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION ST. LOUIS CITY HOSP. #1.Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY

c. CITY
OR
TOWN ST. LOUISInside Limits
Yes ☐ No ☐d. STREET
ADDRESS 2420 CASS (If outside, give location)Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

LEZZIE

Middle

PRATHER

Last

4. DATE OF DEATH

Month

5

Day

28

Year

63

5. SEX

FEMALE

6. COLOR OR RACE

COLORED

7. Married ☐ Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

6-18-1879

9. AGE (last birthday)

83

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (City and state or country)

KENTUCKY

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

UNKNOWN

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

NO

16. SOCIAL SECURITY NO.
(If yes, give war or dates of service)

NONE

17. INFORMANT

Address

NADINE MCKINNEY-CARRU THERSVILLE, MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Gall Bladder - Metastatic

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

1551

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

9:55 P

Death occurred at

5 15 63

to

5 28 63

and last saw her alive on

5 28 63

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert P. Kloecker M.D.

22b. ADDRESS

1515 LAFAYETTE AVE.

22c. DATE SIGNED

5 28 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

5-29-1963

23c. NAME OF CEMETERY OR CREMATORY

CARRU THERSVILLE

23d. LOCATION (City, town, or county)

CARRU THERSVILLE, MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

ELLIS FUNERAL HOME-2820 STODDARD ST.

25. DATE RECD. BY LOCAL REG.

MAY 29 1963

26. REGISTRAR'S SIGNATURE

H. A. Smith M.D.

Robert P. Kloecker, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Fulton E. Culkin

Licensed Embalmer No. 498

P. O. Address St Louis 13 mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.